Annual Report

Alberta Health

1989-90

Alberta
HEALTH

Alberta
HEALTH

Office of the Minister

323 Legislature Building, Edmonton, Alberta, Canada T5K 2B6 403/427-3665

March, 1991

The Honourable Dr. David J. Carter
Speaker of the Legislative Assembly of Alberta

Sir:

I have the honour to present the Annual Report for the Department of Health, covering the fiscal year ended March 31, 1990.

Respectfully submitted,

Nancy J. Betkowski
Minister of Health

91-04897/

Alberta
HEALTH

Office of the Deputy Minister

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March, 1991

The Honourable Nancy J. Betkowski
Minister of Health
323 Legislature Building
Edmonton, Alberta
T5K 2B6

Madam Minister:

I have the honour of presenting you with the Annual Report of the Department of Health. The information contained within covers the fiscal year ended March 31, 1990.

Additional statistical information regarding the operations of Alberta Health can be found in the Department's Statistical Supplements, which are published separately.

Respectfully submitted,

Rhéal LeBlanc
Deputy Minister of Health

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Summary of Major Activities

Premier's Commission Report

In February of 1989, the Premier's Commission on Future Health Care for Albertans released its final report, *The Rainbow Report*, following more than two years of review, analysis and public consultation.

The Commission, established in December 1987 by Premier Don Getty, was given the mandate to assess Alberta's health system as it exists today and make recommendations for change in the future. The Rainbow Report thus made a number of major recommendations impacting not only on the Health Department but many other branches of government.

In response to the release of the Rainbow Report, Premier Getty established a Cabinet Task Force, chaired by the Health Minister, the Honourable Nancy J. Betkowski, to undertake a detailed and comprehensive review of each and every recommendation in the report. The results of this Task Force's assessment are expected to be completed early in 1991.

Agenda for Action

The Advisory Committee on the Utilization of Medical Services released its final report, *An Agenda for Action* in November of 1989. The Committee had been established by Health Minister Marvin Moore in September of 1987 to make recommendations related to reducing or controlling increases in the utilization of medical services in Alberta.

As a result of the recommendations contained in *An Agenda For Action*, Health Minister Nancy J. Betkowski established a permanent utilization monitoring committee to assess on an ongoing basis the use of medical services and identify potential problem areas of misuse or over utilization.

New Mental Health Act

In January of 1990, a new Mental Health Act for Alberta was proclaimed, broadening the rights of involuntary psychiatric patients while adding safeguards for both patients and society.

As part of one of the provisions in the new Act, Dr. Mervyn Hislop was appointed in September of 1989 as the province's new Mental Health Patient Advocate. Alberta became the first province to develop specific legislation for a Mental Health Patient Advocate whose role is to help protect the individual rights of formal (involuntary) mental health patients.

Nursing Consultant

As part of the four-year $30 million Nursing Initiatives Program announced in December of 1988 to address concerns in the nursing profession, Sharon E. Snell, R.N., was appointed in February of 1990 as Alberta's first Provincial Nursing Consultant.

The Nursing Consultant's role will be to provide advice and guidance to Alberta Health and the Health Minister on trends and developments within the nursing profession and to be responsible for the further development of the Nursing Initiatives Program.

Health Care Coverage for Refugee Claimants

In December of 1989, amendments to the Alberta Health Care Insurance Regulations were announced which allowed refugee claimants who had entered Canada prior to January 1, 1989 to apply for health care coverage under the Alberta Health Care Insurance Plan.

The changes to the regulations were made to allow a better response to the health needs of refugee claimants who were eligible for employment in Canada.

AIDS Awareness Campaign

A major multi-media campaign, "Facing AIDS", was launched in February of 1990. Featuring a series of thirteen, two-minute health news features on a variety of AIDS related topics, the campaign was designed to increase public awareness and understanding of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) and through that increased understanding, reduce the incidence of AIDS in Alberta.

The television features were supplemented by print and electronic media advertising.

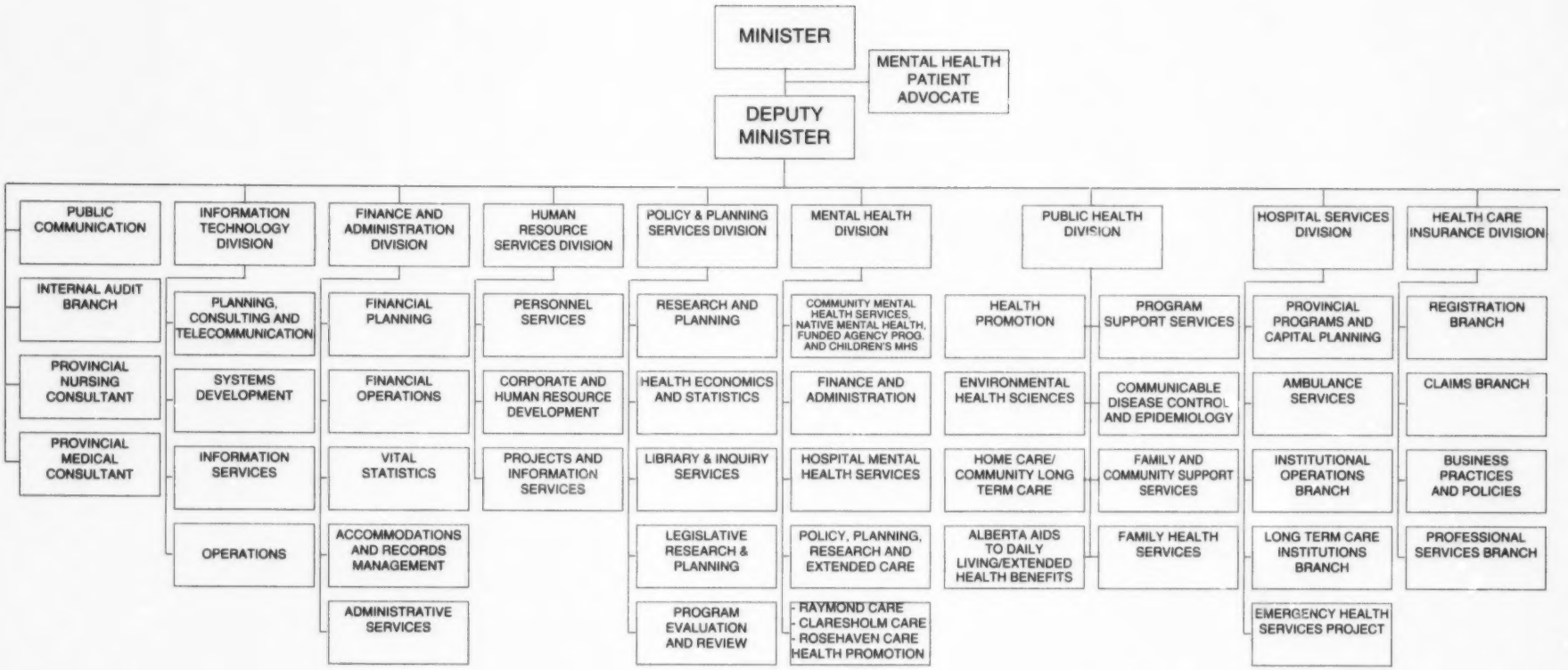
Acute Care Funding Plan

Planning and initial implementation of the Acute Care Funding Plan, involving 33 of the largest acute care hospitals in the province continued. The project which is developing a new and more equitable approach to hospital funding completed development of the Severity of Illness component, and began work on the next phases - outpatient funding and hospital role statements. The program will eventually be expanded to include all hospitals in Alberta.

Health Care Insurance Registrations

During the past year the number of persons covered by Alberta Health Care increased 2.0 per cent to 2,568,211 from 2,518,973 and the number of registrations increased 2.1 per cent to 1,184,354 from 1,160,380.

ALBERTA HEALTH ORGANIZATION CHART
March 31, 1990



Alberta Health Care Insurance Division

The Alberta Health Care Insurance Plan operates under the authority of the Alberta Health Care Insurance Act and the Health Insurance Premiums Act. It is a provincial government insurance plan which covers the costs of medical services and a number of related health care services for registered Alberta residents and their dependants.

Administration of the Plan includes the following basic functions:

- registration of Albertans
- collection of premiums, either directly or through employers, unions, or pension plans;
- provision of premium assistance for low-income Albertans;
- establishment of benefits for services covered by the Plan;
- determination of fee schedules; and payment of claims for services rendered by eligible practitioners, either on a fee-for-service, contract or sessional basis.
- provision of supplementary programs for Albertans such as Extended Health benefits for seniors; Blue Cross coverage for those unable to obtain coverage through an employer; and out-of-province medical service financial assistance.

ELIGIBILITY FOR BENEFITS

All residents of Alberta are eligible for coverage under the Plan.

Residents must register with the Plan and pay monthly premiums at a specified single or family rate submitted on an individual basis or through an employer group plan. Persons aged 65 and over their spouses and dependants; and persons in receipt of the Alberta Widow's Pension and their dependants receive premium-free coverage.

During the past year, the number of persons covered by Alberta Health Care increased 2.0 per cent to 2,568,211 from 2,518,973 and the number of registrations increased 2.1 per cent to 1,184,354 from 1,160,380.

While the number of group plans decreased .8 per cent to 12,642 from 12,741, the number of persons under group coverage increased 1.2 per cent to 1,703,438 from 1,683,531. (Included in the group figures are registrants 65 years of age and older and their spouses and dependants, widows and widowers receiving the Alberta Widows' Pension and their dependants, and registrants in receipt of an allowance under the Social Development Act.)

Registrants who chose to opt out of Alberta Health Care as of March 31, 1990 increased by 5.4 per cent to 78 from 74 at March 31, 1989. This involved 228 people who chose to accept responsibility for paying for their own health services.

Highlights

- Initiated by the Federal Government's decision to provide refugee claimants with documentation stating their eligibility for employment, the Alberta Health Care Insurance Plan decided to grant health care coverage to claimants who entered Canada prior to January 1, 1989 and possessed employment certification documentation from the Department of Employment and Immigration (Canada).
- The Registration Branch of the Alberta Health Care Insurance Plan has instituted a one-step approach to provide a more efficient and comprehensive customer service. With the installation of a new telephone system, telephone agents can handle calls from employer groups as well as calls from Alberta residents regarding registration and eligibility.

PREMIUM ASSISTANCE PROGRAMS AND EXEMPT GROUPS

Subsidized Premiums

Reduced premiums, based on a person's previous year's taxable income, are available if the person qualifies and applies. The subsidy granted by the Alberta Health Care Insurance Plan applies to one benefit period only and ends each June 30.

The number of registrations receiving coverage at reduced premium rates was as follows:

	Registrations March 31, 1990	Registrations March 31, 1989
Full Reduction	95,567	105,795
One-third reduced	7,196	8,083
Two-thirds reduced	8,598	10,241
Total Subsidized Registrations	111,361	124,119

Highlights

- The premium subsidy program was revised to accommodate the new information on the 1988 income tax return. Premiums may now be

reduced or eliminated based on calculations using the taxable income and the new non-refundable tax credits.

Waiver of Premiums

People who do not qualify for the Premium Subsidy Program and who are unable to pay their premiums due to current financial difficulties, may apply to Alberta Health Care to have their premiums temporarily waived. Eligibility is based on the average monthly income over the three-month period prior to the date the application is signed. Waiver of premiums does not apply to Alberta Blue Cross Non-Group membership.

The number of registrants who did not qualify for the 100 per cent subsidy or social allowance, yet were granted waiver of premium due to current financial difficulties, decreased 15.07 per cent to 5,158 from 6,073 the previous year.

Exempt Groups

In addition to the premium assistance programs, the Plan provides premium-free group coverage to those persons who are financially cared for by other provincial government programs.

The number of registrations and persons covered under the premium-exempt groups were as follows:

	March 31, 1990 Registrations	Persons	March 31, 1989 Registrations	Persons
Social Services and Child Wards	64,564	132,307	66,792	136,774
Provincial Correctional Institutions	1,411	1,735	1,865	2,365
Young Offenders	28	29	90	91
Mental Health Hospitals	1,245	1,341	1,284	1,379

FINANCING THE PLAN

The Alberta Health Care Insurance Plan is financed by premiums, Government of Canada cash contributions and by a Government of Alberta grant to cover the remainder.

Premiums

Premiums, interest and penalties on late premium payments financed 29.7 per cent of the cost of Alberta Health Care, compared to 30.2 per cent the previous year. Effective October 1, 1989, monthly premiums rates were increased (to $19.75 from $18.00 - single coverage; to $39.50 from $36.00 - family coverage) with plans to phase in additional increases over the next three years. The objective of these increases is to raise premium revenue so that it covers one half of the cost of basic health services, excluding services provided to seniors.

Revenue foregone due to the premium assistance programs, exempt groups, and premium-free coverage to senior citizens and Alberta Widows' Pension recipients was as follows:

	Revenue Foregone
Premium assistance programs	
100% subsidy	32,840,601
2/3 subsidy	2,224,674
1/3 subsidy	953,939
Waiver	1,230,326
Total	37,249,540
Exempt Groups*	
Social Services	19,892,006
Child Ward	653,212
Provincial Correctional Institutions	326,317
Youth Offenders	9,159
Mental Health Hospitals	88,563
Total	20,969,257
Senior Citizen Premium-Free coverage*	56,189,128
Widows' Pension Premium-free coverage*	758,079
Total Revenue Foregone	115,166,004*

* Revenue foregone amounts are estimated based on full premium rates.

Government Funding

Government of Canada cash contributions accounted for 15.0 per cent of the cost as compared with 18.5 per cent for the previous year. The remaining 55.3 per cent was funded by a grant from the Government of Alberta, compared to the previous year's 51.3 per cent.

BASIC HEALTH BENEFITS

Benefits for services provided are paid according to an approved schedule of benefits and are available to all registered residents of Alberta. Where benefit limitations exist, a benefit year runs from July 1 to June 30th of the following year.

Highlights

- Effective April 1, 1989 the general increase to the Schedule of Medical Benefits was 2.99%. An additional 1.52% increase was made available for changes to the General Rules, and the introduction of new items and amendments.
- Benefit rates paid to practitioners for provision of other health services increased:
  - 10.2% for optometric services effective July 1, 1989.
  - 3.0% for chiropractic, physical therapy, and podiatry services and 0.6% for Basic dental services effective August 1, 1989.
  - 4.5% for dental services effective August 1, 1989.
  - 5.3% for dental mechanic services effective August 1, 1989
  - 5.7% for ophthalmic dispenser services effective August 1, 1989.
  - 5.7% for optometric services effective September 30, 1989.

EXTENDED HEALTH BENEFITS

In addition to premium-free Basic Health Benefits, Alberta Health provides Extended Health benefits free of charge to registrants aged 65 and older, their spouses and dependants, as well as to widows and widowers receiving the Alberta Widows' Pension and their dependants.

The Public Health Division also provided benefits for hearing aids and surgical and medical supplies and appliances.

Highlights

- The number of registrations in the 65 years of age and older group receiving Extended Health benefits increased 3.6 per cent to 178,644 from 172,420 and the number of persons covered increased 3.4 per cent to 260,586 from 252,063.
- The number of registrations with Alberta Widows' Pension coverage decreased 5.73 per cent to 3,289 from 3,489 and the number of persons covered decreased 6.2 per cent to 3,627 from 3,866.
- Benefit rates paid to the providers of extended health services increased as follows:

ALBERTA BLUE CROSS NON-GROUP MEMBERSHIP

Additional health insurance is available through the Alberta Health Care Insurance Plan on an individual (non-group) basis at special rates to residents who are unable to obtain Alberta Blue Cross coverage through an employer.

Also, Alberta Health Care provides Alberta Blue Cross coverage at no charge to registrants aged 65 and older and their dependants, and to eligible widows and widowers age 55 to 64 and their dependants.

Highlights

The number of registrations under Alberta Blue Cross Non-Group coverage increased 1.6 per cent to 253,571 from 249,671 and the number of persons covered increased .3 per cent to 439,812 from 438,366.

OUT-OF-PROVINCE ASSISTANCE PROGRAMS

Two programs are available to assist Albertans in covering the costs of insured medical and hospital services that are provided outside Alberta. They are the Out-of-Province Supplementary Assistance Program and the Emergency Financial Assistance Program.

Out-of-Province Supplementary Assistance Program

This first program applies when an Alberta patient is referred by an Alberta physician to elsewhere in Canada for insured medical services not available in Alberta, or outside the country if the service is not available in Canada.

The program covers insured medical and hospital costs. In addition, return air transportation costs, within Canada and continental U.S.A., can be covered.

Emergency Financial Assistance

Under this program, a resident may request special consideration to help pay for unexpected insured medical and/or

hospital care required while temporarily absent from Canada. The program applies only if:

a) emergency health care could not have been reasonably foreseen and guarded against, and

b) the excessive costs of this care, beyond the amount covered by Alberta's health care and hospital insurance plans, place an undue financial burden upon the registrant.

Highlights

- During the fiscal year 1989/90 the number of applicants to the Out-of Province Assistance Programs fell by 18.1 per cent. The costs of the medical services increased by 20.6 per cent to $1,056,446 while hospital costs increased by 1.8 per cent to $2,320,485.

BENEFIT EXPENDITURES*

Basic Health Services

Total expenditures for Basic Health Services (provided in and outside of Alberta) increased by 10.6 per cent to 801.4 from 724.4 million in 1988/89. Included were fee-for-service payments, as well as payments in respect of medical practitioners on salary, sessional and contract arrangements .

Fee-for-service expenditures for Basic Health Services and their percentage changes over the previous year were:

	(Thousands of dollars)		
Health	1989/90	% increase	$ increase
Discipline	Expenditures	(over 1988/89)	
Medical	719,428	10.1	65,731
Oral Surgery	10,129	2.8	276
Chiropractic	27,615	13.5	3,288
Optometry	16,766	27.8	3,643
Podiatry	3,807	13.4	449
Physical Therapy	23,618	17.6	3,536
TOTAL	**801,363**	**10.6**	**76,923**

* Expenditures are reported on a date-of-service basis for each year ending March 31.

Sessional payments, an alternate form of physician remuneration to fee-for-service, are established and maintained between the Department and individual hospitals and agencies. During the 1989/90 fiscal year programs under sessional payment agreements included: psychiatric services, out-patient diagnostic and treatment services for children, geriatric services and paediatric neonatology and intensive care.

The total expenditure for sessional payments provided from the Alberta Health Care Insurance Fund, was $4,054,000.

The average expenditure per person for Basic Health Services increased 8.5 per cent to $312.

Extended Health Services

Fee-for-service expenditures for Extended Health Benefits and their percentage increases over the previous year were:

	(Thousands of dollars)		
Health	1989/90	% increase	$ increase
Discipline	Expenditures	(over 1988/89)	
Dentists	24,115	5.2	1,183
Denturists	9,129	13.9	1,112
Optometrists	3,032	17.2	445
Ophthalmic Dispensers	3,541	12.6	397
TOTAL	39,817	8.6	3,137

Out-of-Province Hospital Services

Out-of-Province hospital costs refer to expenditures made by the Alberta Health Care Insurance Plan to other provinces in Canada and other countries on behalf of the Alberta residents who receive hospital services (in-patient and out-patient) outside Alberta. Expenditures increased by 1.6 per cent to $32,644,942 in 1989/90 from $32,123,000 in 1988/89

Alberta Blue Cross Benefits

Alberta Blue Cross Plan expenditures (benefits and administration) rose to $140,768,000 from $121,075,000 an increase of 16.3 per cent. Expenditures for Blue Cross benefits and their percentage increases over the previous year are noted in the following chart.

Benefit	(Thousands of dollars) 1989/90	1988/89	% change
Drugs	117,102	103,334	13.3
Other Services			
Ambulance	7,589	6,462	17.4
Appliances	1,645	1,285	28.0
Dental	90	67	34.3
Home Nursing	150	176	-14.8
Psychologist	34	28	21.4
(Deductible)	(-88)	(-80)	
Total	9,420	7,938	18.6
Hospital	1,289	1,344	-4.1
TOTAL PAID (BENEFITS)	127,811	112,616	13.5

PHYSICIAN PROGRAM BENEFITS

Liability Insurance Contributions

Under an agreement reached between the Government of Alberta and the Alberta Medical Association, Alberta Health reimburses Alberta physicians for liability protection dues. Physicians practising in Edmonton and Calgary receive 50 percent of their annual liability insurance fees above a base level deductible, while physicians practising elsewhere in the province are refunded 100 percent of their premium fees above the deductible. The Department's contribution for the 1989/90 fiscal year totalled $3,974,000.

Incentive Payments Program

The purpose of this program is to encourage physicians to practice in rural communities by providing incentive payments. Expenditures for location incentives for 1989/90 are estimated at $1,332,000 and applied to approximately 125 physicians.

Continuing Medical Education

By agreement with the Department, the Alberta Medical Association administers a Continuing Medical Education Program which is funded by the Department. This provides an allowance for fee-for-service Alberta physicians who wish to continue their post-graduate medical education. Department funding for fiscal year 1989/90 totalled $1,852,000 and covered 2,988 full-time equivalent physicians.

Alberta Physicians Disability Insurance Program

This program, administered by the Alberta Medical Association, provides disability insurance for eligible Alberta fee-for-service physicians. For fiscal year 1989/90 the Department's contribution to the disability insurance fund was $1,345,000, covering the equivalent of 2,988 full-time physicians.

OTHER ACTIVITIES

STATEMENTS OF BENEFITS

Albertans can obtain a Statement of Benefits which details the services provided and payments made on their behalf by the Plan.

Highlights

- An automated system for the production of Statement of Benefits was implemented in December,1989. This system has improved the response time to the ever increasing number of requests for Statements received from the public. During this reporting period, 6303 statements of benefits were produced and distributed.

PROFESSIONAL REVIEW

The Professional Review Branch provides monitoring of medical and para-medical practitioners registered with the Plan. As part of an on-going liaison between the Plan and the College of Physicians and Surgeons, physician patterns of practice are reviewed and presented to the College. Similar reviews of the practices of para-medical practitioners are conducted and submitted to the Medical Director of Alberta Health Care Insurance Division. Monitoring promotes the identification and interpretation of current and emerging trends in health care. Issues of utilization are also analyzed to identify areas of potential concern within the health care system.

NEW INITIATIVES - CLASS

CLASS, or the Claims Redevelopment project, is underway to introduce new business initiatives and up-to-date technologies to upgrade the existing 20 year old Claims processing system. Specifically, CLASS aims to achieve:

- An automated claims assessment process which will deal with all but a few exception claims and facilitate continuous immediate updating of records, payment histories, rules and fees.
- An improved support system for the electronic submission of claims by practitioners' offices and a more flexible and functional system.

Highlights

- **Completion of Phase II.** The Schedule of Benefits Print sub-system, implemented in December of 1989, will allow on-line access for the updating and preparation of printed schedules of benefits for eight practitioner disciplines. This sub-system, and the Practitioner Registry conclude the second phase of CLASS.
- **Medilink.** The Medilink pilot project was implemented to evaluate alternative ways for practitioner offices to electronically submit claims to the Plan. At the same time the viability of the network technology and associated services, such as patient eligibility checking, were assessed.

INSTITUTIONAL OPERATIONS BRANCH

This Branch provides leadership, and collaborates with health service partners in planning, developing and funding hospital services. IOB also projects financial support required for hospital programs and allocates resources. Staff monitor hospital operations, identify potential problems, and provide consultation where appropriate in financial, administrative and operations matters.

As the primary link between Alberta Health and hospitals, Branch staff ensure Government policy is implemented in relation to hospital services.

Highlights

- A Provincial Advisory Committee on Cardiovascular Surgery was established with representation from the four hospitals performing cardiovascular surgery to address the issue of waiting lists, workloads, resource allocation and service delivery planning.
- In collaboration with the Public Health Division, outpatient AIDS programs were established at the University of Alberta and Calgary Foothills Hospitals.
- Several major new programs were established including the Lithotripsy programs at Holy Cross and Misericordia Hospitals; Magnetic Resonance Imaging (MRI) at Foothills Hospitals and the Organ Transplant Program at the University of Alberta Hospitals.
- Work began on the development and implementation of a comprehensive action plan on waste management in hospitals in collaboration with various branches of Alberta Health, other government departments, the Alberta Hospital Association and hospitals.
- The Branch has taken an active role in the planning and implementation of the Acute Care Funding Plan to develop a new, more equitable approach to hospital funding.
- Branch staff are assisting with the further implementation of the Canadian Hospital Association Management Information System (M.I.S.) guidelines in active treatment hospitals in Alberta. This will improve information reporting in all hospitals, increasing hospitals' and Alberta Health's ability to manage available resources effectively.

LONG TERM CARE INSTITUTIONS BRANCH

An additional $8 million was allocated in the fiscal year 1989/90 toward the development and implementation of new long term care and geriatric programs in the province. The additional funding was allocated in response to the recommendations of the report *"A New Vision for Long Term Care"* which was released as a discussion paper by the government in February, 1988.

In response to the report, more than 300 briefs were received by the government. Emerging from the briefs, a common vision and consensus was developed on the future of long term care and geriatric care in Alberta.

Highlights

- Single Point of Entry - Alberta Health has endorsed a plan for the province-wide implementation of single point of entry to the Long Term Care System. The core elements of the model emphasize the community service option and support client choice based on knowledge about available options.
- The *"Discussion Paper on Voluntary Province-Wide Implementation of Single Point of Entry for Long Term Care Services in Alberta"* was released in August, 1989.
- Adult Day Hospital and Day Support Programs – In 1989/90, $400,000 was allocated for the funding of Adult Day Programs and Day Support Programs.
- Respite Care – Policy on respite care is being prepared and will be issued within 1990/91.
- Integration of Nursing Homes and Auxiliary Hospitals – The 1989/90 introduction of the Alberta Patient Classification System and Case Mix Funding System was the first step towards integrating Alberta's two types of long term care facilities. A paper outlining the long term care funding system methodology was developed to provide a framework for developing a common funding system for long term care facilities.
- Programs for the Elderly with Mental Health Problems – The Mental Health Division, in conjunction with the Long Term Care Institutions Branch, developed a paper on the comprehensive service requirements of the elderly with mental health problems.
- Additional funding was approved for the Long Term Care Institutions Branch to provide assistance to nursing homes and auxiliary hospitals in addressing the needs of residents with dementia and mental health problems.
- Programs for Young Disabled Persons – Alberta Health and the Premier's Council for the Disabled have conducted a joint study to assess service needs for young disabled persons within the long term care system.

- Geriatric Centres – Youville & Colonel Belcher - The Department worked with the Edmonton General Hospital to develop a role statement for the Youville Geriatric Hospital which will serve as the focal point for Geriatric Services in Northern Alberta.
- Acute Geriatric Care – Alberta Health has recently approved funding for Geriatric Rehabilitation/Consultant Teams at the Royal Alexandra Hospital and the Misericordia Hospital. In addition, the Royal Alexandra Hospital's "quick response service" was implemented in Edmonton in the fall of 1989.
- Coordination of Long Term Care Services – A Long Term Care Liaison Committee was formed to serve as an advisory body for future developments in long term care and geriatric services. The Alberta Hospital Association, Alberta Long Term Care Association, Alberta Health Unit Association, Alberta Asscciation of Registered Nurses and the Senior Citizens Secretariat are represented on the Committee.
- Educational and Human Resource Planning – Additional funding was approved for the following educational and human resource development initiatives:

  Permanent funding for the personal care aide in-service training program offered by Alberta Vocational Centre (AVC), and expansion of the program to include care aides working in auxiliary hospitals and Mental Health Centres.

  Permanent funding for In-Service Resource Centres and expansion of the program to provide services to health units.

  Development of an in-service training program for home support aides in conjunction with AVC Edmonton.

  Development of post-basic specialization programs for nurses in the gerontological/geriatric areas.

AMBULANCE SERVICES BRANCH

Air Ambulance Program. This program is funded and administered by Alberta Health. The Department pays air ambulance costs, when ordered by a physician. In 1989/90, there were 2,354 in-province trips and 810 out-of-province trips at a total cost of $7.5 million.

Blood Services Program. Alberta Health funds the Canadian Red Cross Society to provide blood fractionation products to hospitals in the province. The cost increased from $13.4 million in 1988/89 to $15.6 million in 1989/90. The 16% increase is attributed mainly to the special processing of blood fractionation products that is required to protect persons from the HIV (AIDS) Virus.

PROVINCIAL PROGRAMS AND CAPITAL PLANNING BRANCH

This Branch is responsible for planning and responding to the physical requirements (new construction, renovations and equipment) of health care facilities and the program and operating support requirements in such specialized areas as diagnostic imaging, laboratory medicine, rehabilitation and food services. The Branch is also responsible for assessing and evaluating new and existing technologies, programs and facilities.

Highlights

- Negotiations for the transfer of the Cardiac Rehabilitation Unit from the Royal Alexandra Hospital to the Glenrose Rehabilitation Hospital were completed. Administrative transfer will take place April 1, 1990 with the physical transfer of the program scheduled for the Fall of 1990.
- Lottery funds were allocated to purchase a MRI unit for the Foothills Hospital in Calgary. This diagnostic modality employs magnetism to produce an image as opposed to the conventional method of x-ray radiation.
- Lottery funds were allocated for the purchase of two Lithotripsy units for Alberta. Lithotripsy employs sound waves to disintegrate kidney stones, and eliminated the need for traditional methods of stone removal, such as surgery. The southern referral centre is at the Holy Cross Hospital, Calgary and the northern referral centre is at the Misericordia Hospital, Edmonton.

GRADUATE MEDICAL EDUCATION PROGRAM

Under this program, the Department provided funding for the salaries of a limited number of interns and residents employed in Alberta teaching hospitals. During 1989/90, 663 postgraduate training positions were departmentally supported. Also, the Department funded the stipends paid to undergraduates who spent their final year of medical school working under supervision in a hospital environment.

In addition, the Department shared in the funding of geographic appointees. These are physicians who, as members of an Alberta university Faculty of Medicine, provide clinical supervision and teaching to undergraduates and postgraduate trainees at Alberta teaching hospitals.

During fiscal 1989/90 salaries of interns and residents were adjusted in accordance with negotiated awards. Payments for geographic appointees were also reviewed and adjusted.

Mental Health Division

The Mental Health Division is responsible for ensuring that high quality preventive, treatment and support services are available to Albertans affected by mental illness. This responsibility is upheld through six main operational areas: Community Mental Health Clinics, Extended Care Centres, Research, Hospital Mental Health Services, Funded Agency Program, and the Suicide Prevention Program.

The major focus of activity beyond the provision of service during the 1989/90 fiscal year continued to be the development of programs emphasizing greater coordination among community and hospital based mental health programs.

The Division was involved in responding to many major Government Reports, including the *Rainbow Report, Brassard Report, Premier's Council Report on the Status of Persons with Disabilities - The Action Plan*, and the *Advisory Committee on the Utilization of Medical Services - An Agenda For Action*. Mental Health also hosted a joint Federal/Provincial consultation on the Federal Paper *"Mental Health for Canadians: Striking a Balance"*.

Highlights

- Mental Health's 60th year of operating Community Clinics was celebrated by each of the six different Regions conducting seminars, symposiums and community events.
- The New Alberta Mental Health Act was proclaimed January 1st, 1990. The new Act recognizes individual rights and freedoms, and balances these with the protection of society.
- Planning was initiated to establish a new Provincial Advisory Committee on Mental Health Issues.
- Alberta was the first province to legislatively mandate a Mental Health Patient Advocate. The Advocate was given responsibility to investigate concerns of formal (involuntary) patients to ensure that their rights are protected.
- Work was initiated on the development of a 3-year plan to guide Mental Health.
- A follow-up document to *Exploring the Circle: A Journey into Native Children's Mental Health* was completed. It summarized the consulting process and made recommendations to the Senior Management of Mental Health. These were adopted as Divisional policies to ensure sensitive clinical service to the native people of Alberta.
- A departmental policy paper on the Needs of the Elderly was distributed for initial consultation with stakeholders. It addresses the psychiatric needs of this growing portion of our population.
- A paper to initiate discussions that will lead to a framework for Mental Health Promotion for the Division was completed.
- Participation through promotional activities, such as "Awareness Weeks", was successful in raising public knowledge or awareness regarding such issues as suicide, mental health and schizophrenia.

NEW MENTAL HEALTH ACT

The new Mental Health Act was proclaimed on January 1, 1990. Administration of this Act includes operation of and support to Mental Health Review Panels which were given increased responsibility to hear appeals from patients and facilities. Other refinements to the act are; the definition of mental disorder was made more specific and descriptive, the criteria for certification was expanded to protect individuals who may present a danger to themselves or others, and involuntary patients were given the right to object to treatment, and to appeal decisions about their ability to make treatment decisions. In addition, the two mental health hospitals were moved under the Provincial General Hospitals Act.

COMMUNITY MENTAL HEALTH CLINICS

While all Albertans in need receive services, the Division's priority is improving service to four specific client groups in the community: 1) individuals chronically disabled by mental illness, 2) children and adolescents, 3) the elderly, and 4) rural residents.

A network of 55 mental health clinics and more than 40 satellite clinics serve clients throughout the province. These clinics provide:

- assessment and treatment for clients;
- consultation to general practitioners, health facilities, schools, and other community agencies;
- follow-up services to patients discharged from extended care centres and other institutions; and,
- placement of clients in residential and non-residential community facilities or programs.

These services are provided by a staff composed of administrative support staff, social workers, nurses, psychologists and other allied health delivery staff.

In the 1989/90 fiscal year, the clinics served 20,238 cases. Regional distribution of this caseload appears in Figure 1, showing about 47 per cent of the caseload in the urban regions of Edmonton (5,837 cases) and Calgary (3,717 cases). Clients not included in the four priority groups defined above are classified as urban.

Figure two shows these groups as percentages of the total caseload and total client contact hours. The chronically disabled, although accounting for 18 per cent of the total caseload, consume 30 per cent of the contact hours. **(See page 18 for figures 1 & 2)**

Highlights

- Cross-cultural training of all clinicians and management was commenced and is nearing completion. The intent of this training was to ensure the community clinic staff are sensitive to Native issues in their treatment approaches and planning.
- Many joint community/hospital efforts were ongoing. Examples such as SPECTRUM in Grande Prairie, VENTURE in Fort McMurray, INSITE in St. Paul, and the Psychiatric Rehabilitation Centre (Calgary General Hospital - Bow Valley Site) are projects which required major negotiations in planning, operations, and staffing.

REGIONAL HIGHLIGHTS

Northwest Region Highlights

- Accreditation with the Canadian Council on Health Care Facilities was maintained, this time for a two-year period.
- Mental Health had significant input into Northern Alberta Development Council's report on *Mental Health Services in Northern Alberta - "Addressing the Issues".*
- Work began on a review of SPECTRUM, a pilot project developed in cooperation with the Queen Elizabeth II Hospital in Grande Prairie, aimed at coordinating services for the mentally ill.

Northeast Region Highlights

- An Agreement between St. Therese Hospital, St. Paul and Mental Health was signed and resulted in a program called INSITE. This collaborative initiative features a single assessment and communication network which allows for a continuum of care for psychiatric patients in the communities of Bonnyville/St. Paul.
- A Community Development Program utilizing native staff was developed in the Lac La Biche area. Under this program five surrounding Native communities participate in a process of identifying community needs, issues and solutions relating to a wide range of mental health concerns.

Funding commenced for a Supported Living Program in Fort McMurray. Operated by CMHA, the program will provide residential support to chronically ill men.

- VENTURE, a collaborative mental health care program between Fort McMurray Regional Hospital and Mental Health continued.
- A formal quality assurance program was developed for the Region.

Edmonton Region Highlights

- Several joint projects were developed with other jurisdictions: an out-patient Multi-Agency Rehabilitation Clinic for the long-term mentally ill, in conjunction with Alberta Hospital Edmonton and the Mackenzie Health Sciences Centre (University of Alberta Hospital); an agreement with the Good Samaritan Society regarding services for the elderly; and an arrangement with the Drayton Valley Hospital regarding psychiatric services.
- Educational and promotional aspects of mental health increased, with presentations made to more than 12,000 people.
- Mental Health interventions after disasters and tragedies increased in response to the demand.
- A briefing document which emphasized the importance of the community psychiatric emergency response capability was developed.
- A joint project with Edmonton City Police and Mental Health resulted in the development of a teaching video on Child Sexual Abuse.

Central Region Highlights

- Three-year Quality Assurance/Accreditation status was achieved.

- Satellite/independent support service programs were established in several communities throughout the Central Region, to address the specialized needs of the chronically mentally ill.
- Cooperative staff development functions were initiated with the Red Deer Regional Hospital Centre.
- Joint psychiatric staff meetings were implemented with Alberta Hospital Ponoka and Red Deer Regional Hospital Centre. Four hospital psychiatrists were "cross-appointed" to promote continuity.
- Work was completed on three research activities: referral patterns in Red Deer City service area; post-partum depression in Wainwright (in cooperation with Public Health); and alcohol/substance abuse in mental health clients in the Northeast area of the Central Region.
- Mental Health promotion activities continued, including the production of 12 television segments on mental health issues.

Calgary Region Highlights

- The Calgary region received Ministerial support for a program based service approach. These programs include: Rural Mental Health, Rehabilitation, Children/Adolescent, Adult, and Community Resources Program.
- Mental Health coordinated representation and input into the planning process for the Psychiatric Rehabilitation Centre (Calgary General Hospital - Bow Valley Site).
- The "Exit Program" for street adolescents was initiated in August 1989. Operated by Woods Home, it was supported by a staff member from Mental Health. The Program averaged 400 contacts with street youth per month.

South Region Highlights

- The South Region entered into an agreement with the Blood Band Health Board, allowing health board staff to receive a one-year practicum in the Lethbridge Clinic.
- Mental Health was involved in the formation of an inter-agency group consisting of representatives from schools, police, churches and Alberta Family and Social Services to support the community in dealing with a number of teen suicides in the city of Lethbridge. Individuals in crisis, in response to this tragedy, were seen and over 4,500 people attended the informational meetings on suicide arranged by this group.

EXTENDED CARE CENTRES

The Division operates three accredited Extended Care Centres: Claresholm, Raymond and Rosehaven (in Camrose). The goal of each centre is to develop programs that will serve the community and, wherever possible, help return patients to their homes. These centres provide rehabilitative, residential and day programs for adults with chronic mental illness.

Rosehaven Care Centre:

- Stage One of the capital construction project was completed in December 1989. It resulted in the opening of 100 new beds for patient occupation and the replacement of old furniture.
- Stage Two of the project consists of extensive renovations to the interior of the Heritage Building for patient programs and administration. Construction of Stage Two continued throughout 1990.

Claresholm Care Centre:

- The Functional Program for the Redevelopment of Facilities was signed off in November 1989.
- A Volunteer Service Program was established.
- A joint contract for pastoral care program was initiated with the Claresholm General Hospital and the Willow Creek Auxiliary Hospital and Nursing Home.
- The recently constructed Starholm Unit was divided into two distinct patient program units: Admission and Discharge.

Raymond Care Centre:

- Administration Services and the Programming Department moved into the renovated Main Building.
- Joint Use agreement of the Life Enrichment Centre between the Care Centre and the Town of Raymond was approved and signed.
- A palliative care program was developed and endorsed by the Pastoral Care Committee.

- Groundwork for the research study on the drug Amantadine completed, presented to and approved by the Ethics Committee on Research.
- Go-Getter Group Homes 3, 4 and 5 were occupied.
- Contacts with the community and other agencies were greatly increased, partly through Mental Health promotion.
- Approval was received for the development of a craft store (retail outlet) on-site, providing clients the opportunity to meet and relate with the public.

RESEARCH

Mental Health Research Unit

The Division's research staff concentrate primarily on projects arising from service delivery and planning issues. The research unit focuses on the four priority groups as well as on prevention of mental disorders and on promotion of mental health.

During the 1989/90 fiscal year, 9 new projects were approved to total approximately 30 ongoing research projects.

Research Fund

The research fund, formerly administered by the Provincial Mental Health Advisory Council, is now being managed by the Provincial Mental Health Research Committee. The Committee awards grants for a wide variety of high quality research projects investigating the different components of mental illness, and to a university-backed research unit. In addition, research scholarships are awarded to Alberta graduate students who are studying mental health issues.

HOSPITAL MENTAL HEALTH SERVICES

Hospital Mental Health Services is responsible for planning and assisting with the operation of the two mental health hospitals, 14 psychiatric inpatient and outpatient programs in general hospitals, and specialized psychiatric programs in other hospitals. This includes provincial responsibility for the forensic assessment and treatment programs in Calgary and Edmonton. Collaboration between hospital programs and community-based services is an important aspect of this effort.

Highlights

- Construction of the Education Complex and the 80-bed Brain Injury Unit neared completion at Alberta Hospital Ponoka.
- Planning for the Psychiatric Rehabilitation Centre to be built at the Calgary General Hospital - Bow Valley Site continued. The project will include 40 inpatient beds as well as residential, treatment and activity programs to be operated in the community by the hospital.
- Valleyview Health Centre has received special funding to develop a program for managing disturbed patients in a rural general hospital. This program could serve as a prototype for similar programs in rural hospitals across the province.
- A psychogeriatric consultation team was set up for central Alberta at the Red Deer Regional Hospital.

FUNDED AGENCY PROGRAM

Mental Health contracts with private sector individuals and agencies to provide residential and non-residential programs in the community. In 1989/90, funding of approved homes and community agencies exceeded $6.7 million.

Residential programs provide clients with community-based accommodations that are most appropriate to their needs and levels of functioning.

Non-residential programs are geared toward developing life skills and enriching the lives of the mentally disabled.

SUICIDE PREVENTION PROGRAM

The suicide prevention program's goals are to reduce the incidence of suicides and self-destructive behaviours, and to reduce the impact of suicide on individuals, families and communities. This program incorporates community outreach, education, training and research.

The program's philosophy is based on the following beliefs: promoting healthy individuals, families and communities benefits society; prevention of suicide is a societal and community responsibility; suicide prevention can best be accomplished through collaborative efforts with other organizations, agencies and individuals.

Highlights

- The second provincial Suicide Awareness Week was held in February, 1990. "Suicide Affects All Of Us" was the theme promoted by community agencies, volunteers and media throughout the province.
- Ninety-two workshops in 39 communities were held through the Suicide Prevention Training Program. More than 9000 Albertans have now been trained in Suicide Prevention.
- Suicide Prevention Program development in smaller rural communities throughout the province has increased.
- Information requests to the Suicide Information and Education Centre continued to increase and reached 2397 requests.

CHILDREN'S MENTAL HEALTH SERVICES

Children's Mental Health Services provide assessment and treatment to children and their families experiencing emotional/behavioral disorders. These services are provided through community clinics and specialized treatment programs located within the six regions. Funding is also provided to non-government organizations to provide services to children.

Planning and development for the enrichment of Children's Services continued. A community consultation model was utilized to promote a more active role on the part of the community in the planning of Children's Mental Health Service delivery within their area.

NATIVE MENTAL HEALTH SERVICES

Native Mental Health Services has a similar role to Children's Mental Health Services, but with a specific focus on development and implementation of programs aimed at the Native population. It seeks out and consults with Native Bands and communities on the development of community-based treatment programs.

One such program was the introduction of a unique approach which aims at exploring the realm of traditional healing methods and Mental Health's interaction with Native care-givers.

Several other new initiatives were commenced. Examples include the Community Development Programs in Lac La Biche and Wabasca-Demarais, and the agreement with NECHI Institute of Alcohol and Drug Abuse for Mental Health Staff to co-train Native Counsellors.

MENTAL HEALTH PROMOTION PROGRAM

In recognition of the importance of health promotion, Mental Health staff direct their efforts to activities that accomplish the following objectives: promotion of greater understanding of the mentally ill and disabled; promotion of positive mental health attitudes and pursuits; collaboration with interest groups that will involve or reach the public on mental health issues. Some examples of these collaborative efforts were participation in various "Awareness Weeks" such as Schizophrenia Awareness Week, and development of workshops and conferences on different aspects of mental health.

Figure 1
Community Mental Health Clinics
Caseload Distribution
April 1, 1989 - March 31, 1990

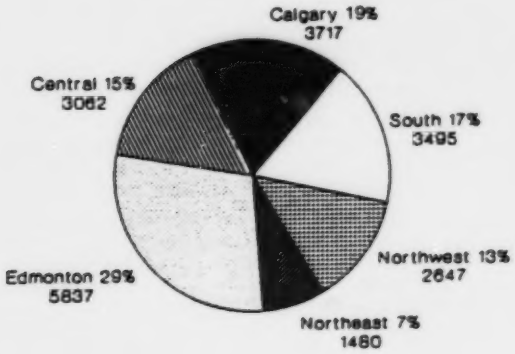
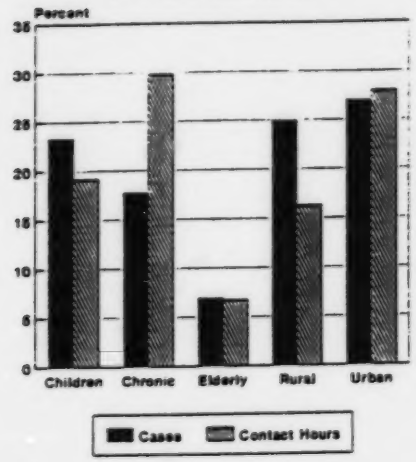


Figure 2
Community Mental Health Clinics
Caseload Versus Contact Hours
April 1, 1989 - March 31, 1990



The Public Health Division directs, coordinates and integrates activity in eight major areas: Alberta Aids to Daily Living/Extended Health Benefits, Communicable Disease Control and Epidemiology, Provincial AIDS Program, Environmental Health Services, Family Health Services, Health Promotion, Home Care/ Community Long Term Care. Most services are provided through Alberta's 27 locally autonomous health units.

ALBERTA AIDS TO DAILY LIVING (AADL)/EXTENDED HEALTH BENEFITS (EHB)

The objective of the AADL/EHB Programs is to assist individuals who are disabled for a long term as well as individuals who are chronically and terminally ill, to secure certain basic medical equipment and supplies necessary for more independent functioning at home or in a home-like setting.

The AADL/EHB Branch is responsible for quality assurance of benefits funded, training and appointing authorizers, providing professional health care consultation to clients and authorizers, and negotiating prices and contracts for benefits provided.

Authorizers assess clients for eligibility to the programs and assess their physical needs for benefits available through the programs. The benefits authorized for the client are available from private vendors located in Alberta communities. At March 31, 1990, there were approximately 1,700 authorizers and 800 vendors in the province.

Categories of benefits provided include:

- bathing and toileting aids
- walking aids
- environmental aids
- soft support garments
- hearing aids
- prosthetics/orthotics/footwear
- medical/surgical supplies
- respiratory equipment
- wheelchairs
- pediatric equipment

Highlights

- Responsibility for the provision of oxygen, injection & ostomy supplies for clients in nursing homes was transferred from AADL/EHB to the Long Term Care Institutions Branch.
- 20,720 Albertans (under the age of 65) received benefits from the AADL Program in 1989/90 at a cost of $14.4 million.
- 71,181 Albertans (aged 65 years and over) received benefits from the EHB Program in 1989/90 at a cost of $33.1 million.

COMMUNICABLE DISEASE CONTROL AND EPIDEMIOLOGY

This Branch of the Public Health Division is responsible for administering surveillance and control of communicable diseases and related conditions. In addition, the Branch assists in monitoring selected non-communicable or chronic diseases, developing intervention strategies for these conditions and monitoring the effectiveness of any intervention.

Collected data are forwarded to the Laboratory Centre for Disease Control, Health and Welfare Canada, where they become part of a national data base which is used to help set national priorities. Selected data from this national data base are subsequently submitted to the World Health Organization where they are used in the global effort to monitor and control such diseases as influenza, tuberculosis, polio and vaccine preventable diseases.

The Branch consists of four units: Chronic Disease Epidemiology, responsible for surveillance of selected non-communicable and chronic diseases and for epidemiologic support to other sections of the Department; the Communicable Disease Surveillance Unit, responsible for vaccine preventable diseases and general infectious disease surveillance and control; Sexually Transmitted Disease (STD) Control, responsible for monitoring and control of STD's; and Tuberculosis Services, responsible for monitoring and control of tuberculosis in the Province.

Because communicable disease data are collected by international convention on a calendar year basis, the Branch reports are primarily for the calendar year 1989 rather than the fiscal year 1989/90.

Highlights

- Completion of preparations for the Alberta Heart Health Survey and collection of data by 13 health units beginning January 1990.
- A marked increase in the incidence of AIDS with 89 new cases reported.
- Progress towards the goal of measles elimination with the smallest number of cases ever reported in Alberta (19 cases in 1989).
- Introduction of pneumococcal vaccine as a component of the Provincial Immunization Program.

- Distribution of over three quarters of a million doses of vaccine, including almost 150,000 doses of influenza vaccine, the largest amount ever.
- The largest number of cases of pertussis (whooping cough) recorded since 1962.
- Adoption by Tuberculosis Services of a goal of elimination of tuberculosis by the year 2010.
- Signing of a contract with Health and Welfare Canada to provide tuberculosis control services to status Indians, extending the mandate of Tuberculosis Services to all Albertans.
- Chickenpox remained the most common notified disease with 11,814 cases reported.
- Participation in several special national surveillance projects for enteric infection, listeriosis and adverse reactions to immunizations.

Communicable Disease Surveillance Unit

This unit is responsible for monitoring and control of all communicable diseases with the exception of STD's, Tuberculosis and AIDS. The unit receives information about communicable diseases from health units, physicians, hospitals and laboratories and ensures appropriate prevention and control activities are initiated. Surveillance is also maintained for non-notifiable diseases of particular concern such as lyme disease and influenza.

Unit staff provide consultation, advice and direction regarding communicable diseases to health units, hospitals, other health care facilities, physicians and other health professionals, other government departments, other jurisdictions and members of the public. Information on trends and new control measures is provided by the unit to assist in the diagnosis and management of infectious diseases in the community.

Table 1 compares the actual incidence of several vaccine preventable diseases in 1989 with the incidence that might have been anticipated had vaccines not been available.

TABLE 1

	Projected Cases Without Immunization		Actual Alberta Cases in 1989	
	Cases	Deaths	Cases	Deaths
Diphtheria	2,500	300	1	0
Whooping Cough	2,000	25	662	1
Polio	225	80	0	0
Measles	20,000	20	19	0

Although infectious diseases are no longer the principle cause of death in Alberta, influenza and pneumonia remain among the top 7 causes of death in Alberta with 527 deaths in 1989. As well, there were 65 deaths due to notifiable diseases reported in Alberta. Of these, 44 deaths were due to AIDS. Meningitis and invasive disease accounted for 7 deaths (4 due to H. influenzae, 2 due to meningococcus and one to "other bacterial" meningitis). There were 3 deaths due to congenital herpes simplex and one due to congenital varicella (chickenpox). There were two deaths reported as a result of non-A, non-B hepatitis and one due to fulminant hepatitis B. There were two deaths due to listeriosis.

Commentary of Selected Diseases in 1989

Table 2 summarizes the incidence of selected notifiable diseases in 1989 and compares them to previous years.

Influenza

Influenza surveillance is conducted each year because of the large number of persons affected and its propensity to produce major outbreaks as well as the high incidence of complications and death among the elderly and chronically ill.

Although the peak influenza activity for the 1988/89 season had occurred by the end of 1988, isolated incidents of influenza A continued to be reported throughout the winter and spring of 1989 with cases as late as June. Influenza arrived again in November and December but largely disappeared by Christmas.

The predominant strain in the 1988/89 season was A/Taiwan (H1N1) while that in 1989/90 season was A/Shanghai (H3N2).

Chickenpox (Varicella)

The most commonly reported notifiable disease in Alberta in 1989 was chickenpox with 11,849 cases reported, an increase of about 400 over 1988. This undoubtedly reflects only a small proportion of cases as many fail to seek medical attention for this disease.

Chicken Pox is generally a mild disease, primarily affecting those under the age of ten. One death (an infant who was likely infected by the mother) was attributed to chicken pox in 1988/89.

Enteric Infections

Enteric (bowel) infections constitute the next largest group of reportable diseases with a total of 3,527 cases of giardiasis, samonellosis, campylobacter infections, and shigellosis reported. These diseases are spread by consumption of untreated surface water, contaminated food which has been improperly stored or cooked, by consumption of unpasteurized milk, and by person to person contact. (See Table 2 on page 24)

There was one death due to salmonella infection in 1989. There were 463 cases of enteric infection due to rotavirus, aeromonas and a variety of other pathogens.

Hemorrhagic Colitis due to E. coli

Since 1982, Alberta has recognized a relatively high incidence of hemorrhagic colitis (EHEC).

It has become the third most common bacterial enteric infection after salmonellosis and campylobacter infections; in 1989, 388 cases were reported in Alberta (compared to 996 and 965 cases of salmonella and campylobacter respectively).

E. coli is usually a self limiting diseases, resolving without treatment in 4-7 days. In the very young, and elderly, however, infection can be fatal. The toxin can also produce systemic effects including hemolytic uremic syndrome (HUS). EHEC has been the only documented cause of HUS in Alberta in the past 5 years.

In those cases where a source is identified (30%), EHEC infection was most commonly linked to undercooked hamburger (67.5%), with other foods, person to person contact and unpastuerized milk accounting for the remaining 32.5%. Because of the preponderance of cases linked to undercooked ground beef, this disease has become popularly known as "hamburger disease" or "barbecue season syndrome".

Although all age groups are affected, children experience the highest rates. 25.5% of cases occurred in children under 5 years of age and 20.4% of cases were in school-age children (5-14 years); 42.7% of cases were 20 years or older.

As noted above, hemolytic uremic syndrome has been associated with EHEC. There were 19 cases of HUS reported in 1989, resulting in three deaths.

Measles

There were only 19 cases of measles reported in Alberta in 1989, the lowest number since records were started in 1920. In an effort to achieve the goal of measles elimination adopted in 1982, each case was thoroughly investigated to try to determine the source of infection and to ensure that any further spread within the community was stopped.

Most cases (13) were in preschool children, 5 of these cases occurred prior to one year of age when the infants were too young to receive vaccine. Only 2 cases occurred in school-aged children and four cases occurred in adults over 20 years of age.

There were no deaths due to measles in 1989 but one adult developed encephalitis as a result of her infection.

Other Vaccine-Preventable Diseases

One case of *diphtheria* occurred in 1989.

Pertussis made a major impact in 1989 with 662 cases reported - the largest number since 1962. The majority of cases occurred in the last two quarters of 1989 and it became apparent that this was the beginning of a major outbreak which continued in 1990. (In 1990, there was the largest *number* of cases ever recorded, although *rates* remained below those recorded in the 1920's and 1930's.) Eighty-five percent (85%) of cases were in children with 15% of cases over 15 years of age. There was one pertussis death, recorded in an infant, in 1989.

There were no cases of *polio* or *tetanus*; neither of these diseases have occurred in Alberta during the 1980's.

Mumps continued to decline in 1989 with 129 cases reported compared to 151 in 1988.

Rubella incidence showed one of its periodic increases to 327 cases (compared to 211 in 1988). The first case of *congenital rubella* since 1986 was reported in 1989. The infant was severely affected and died early in 1990.

Invasive disease due to H. influenzae type b (Hib) showed a further decline in 1989 with 76 cases compared to 105 in 1988 and 142 in 1987. The overall age incidence of the disease has not changed; 45% (34 cases) were under one year of age and 83% were under 5. Four deaths were reported in 1989.

Other Diseases

Infections of the central nervous system for which routine immunization is not available were reported in 200 persons. The majority of these (122) were of viral origin. This was more than twice the incidence in 1988 and four times higher than the previous year. There were 2 cases of viral encephalitis. There were 29 cases of meningococcal meningitis or invasive disease (with 2 deaths), 22 cases of pneumococcal meningitis and 23 cases due to a variety of other bacteria (with one death).

Hepatitis A incidence continued the moderate increase begun last year with 242 cases (compared to 210 in 1988).

Despite a general increase in reported cases of *hepatitis B* elsewhere in Canada and the United States in recent years, hepatitis B declined in Alberta again in 1989 with only 123 cases reported.

Rare and imported diseases reported in 1989 included 31 cases of psittacosis, 20 cases of malaria (down from 24 in 1989), 11 cases of typhoid and paratyphoid fevers, 11 cases of Kawasaki disease, 5 cases of listeriosis, 5 cases of legionaires disease, 5 cases of toxic shock syndrome, 2 cases of Q fever and one case each of leprosy and brucellosis (undulant fever).

SEXUALLY TRANSMITTED DISEASE CONTROL

Sexually Transmitted Disease (STD) Control provides a comprehensive program for the control of STD in Alberta.

Diagnostic and treatment services are available through clinics in Calgary, Edmonton and a clinic in Fort McMurrary operated under the auspices of the Health Unit serving that city and surrounding area. 23,509 clients were seen in the three clinics, a 5 per cent decrease from the previous year.

Dissemination of STD information to both public and professional audiences is carried out by the Education Unit. The unit is responsible for both the STD information and tollfree AIDS information lines.

STD Control also provides consultation to physicians and epidemiologic services that includes contact tracing for STD, including HIV infections.

The list of notifiable STD includes non-gonococcal urethritis/ mucopurulent cervicitis (NGU/MPC), *Chlamydia trachomatis*, gonorrhea, syphilis, chancroid and lymphogranuloma venereum. 1989 is the first year when separate statistics were kept for *Chlamydia trachomatis* as an organism specific infection rather than a part of the syndrome NGU/MPC.

The most frequently reported infection during 1989 was *Chlamydia trachomatis* with an incidence of 317.95 per 100,000 population. This was followed by NGU/MPC with a rate of 175.99/100,000. Prior to 1989, these two reportable infections were combined. Therefore, for comparative purposes, they have been combined to show a rate of 493.95 per 100,000 population. This is very similar to the rate of 475.5/100,000 in 1988. The incidence of both gonorrhea and syphilis continues to decline dramatically with the lowest rates on record. There were no laboratory confirmed cases of lymphogranuloma venereum or chancroid.

The presence of STD in prepubertal children is considered an indicator of child sexual abuse until proven otherwise. In 1988, there were 15 reported cases of STD in children under 10 and in 1989, there were 28 cases - an increase of 87%.

Highlights

- A total of 622 educational sessions through schools and community groups reached 15,997 people.
- There was an increase of 6.2% in calls responded to by the nurse educators on the STD phone information line.
- The toll-free AIDS line handled a total of 13,602 calls.
- 23,509 clients were seen in the STD clinics in Edmonton, Calgary, and Fort McMurray.

TUBERCULOSIS SERVICES

Tuberculosis Services (TBS), Alberta Health, is responsible for the control of tuberculosis in the province. The activities depend on cooperative interaction with Health Units and Health Centres and medical practitioners in the province. TBS activity focuses on:

1. identifying new cases and confirming drug treatment
2. recommending follow-up and prophylaxis of contacts of cases in order to prevent new tuberculosis
3. supervising surveillance programs for high risk groups in order to identify new cases early and where possible prevent tuberculosis.

The 1989 rate of tuberculosis was 5.4 per 100,000 down from 7.4 per 100,000 in 1988. The rate in Treaty Indians in 1989 was down to 35 per 100,000 compared with 91 in 1988.

A program to prevent tuberculosis, sponsored jointly by TBS and Alberta Lung Association (ALA), was launched in 1990. To date, 51 Health Units and Health Centres have been approached, with 31 currently participating and 21 undecided.

A contractual relationship with Federal Medical Services Branch, Health & Welfare Canada, was developed in 1988 and provides cooperative tuberculosis control programs for federal Indian Health Centres.

Tuberculosis Services continues to strive towards the goal of eradication (less than 1 case per million population) by the year 2010.

PROVINCIAL AIDS PROGRAM

Highlights

- A major emphasis on education continued, utilizing the resources of provincial health units and community based AIDS organizations to help increase the knowledge and awareness of Albertans.
- A new concept in public awareness campaigns, "Facing AIDS," was launched. This series of thirteen two-minute health messages, in news-item format, was carried on television networks throughout the province and publicized by print media and transit advertising. Calls to the AIDS Information Line, toll-free throughout Alberta, increased markedly during the Facing AIDS campaign.
- The AIDS Program continued to work closely with representatives from Alberta Education to support HIV/AIDS education and awareness instruction for junior and senior high school students.
- New funding for care of persons affected by HIV infection/AIDS was disbursed through coalitions of community agencies in four urban centres providing care to persons with HIV/AIDS. An advisory interdepartmental Standing Committee on AIDS Patient Care Services was established.
- An AIDS Community Support Team was developed to help community professionals and agencies to cope with the increasing impact of HIV infection on their communities, and assist them in educational, psychosocial and counselling endeavours.
- Surveillance data on AIDS are for the calendar year (1989) rather than the fiscal year (1989/90). There were 89 cases of AIDS reported in Alberta in 1989, compared to 43 cases in 1988.
- The cumulative total of AIDS cases reported in Alberta since the disease was first described in 1981 stood at 220 by the end of December 1989. Of these, 123 persons (55.9%) were known to have died. Alberta remains fourth among the provinces in total cases and in the cumulative rate (approximately 90 per million population).

ENVIRONMENTAL HEALTH SERVICES

Environmental Health Services protects human health through the prevention, correction or control of environmental conditions (physical, chemical or biological) which may adversely affect the health of Albertans.

Environmental Health Services investigates environmental health matters; provides consultative support for public health inspectors in the health units; and provides advice, information and training on environmental health issues. Areas of responsibility include environmental health education, food safety, waste management, environmental health engineering, review and enforcement of environmental health legislation, professional development, emergency response and other related matters.

Environmental Health Services is also taking a lead role in responding to concerns related to indoor air quality, water quality and safe exposure levels for environmental contaminants.

Highlights

- Initiation of a major review of environmental health programs, linkages and priorities to identify strengths, weaknesses and opportunities.
- Initiation of regulatory changes in response to increasingly frequent public and media concerns regarding the safe handling and disposal of biomedical waste.
- Development and implementation of the Food Sanitation and Hygiene Education System in support of mandatory food handler training offered through health units.
- Support to the Public Health Advisory and Appeal Board in its review of the health implications and other concerns associated with intensive livestock operations.
- Continued monitoring of incidents of food borne communicable disease (Salmonella and E-coli 0157).
- Continuation of work in indoor air quality including the development of a training manual for public health inspectors in cooperation with Calgary Health Services and the first of three educational conferences in cooperation with Concordia College, Edmonton.

FAMILY HEALTH SERVICES

Dental Health Services

Dental Health Services monitors the state of oral health and develops and supports dental programs and services which will help achieve, maintain and/or restore the dental health of Albertans.

Dental staff provide various services which may include preventive dental clinics, dental inspections or screening, dental health education, dental health promotion, and fluoride programs. These programs are carried out through health units and a mobile dental clinic.

Highlights

- Dental treatment was provided to nearly 25,000 Albertans in 23 communities through the Mobile Clinic and Visiting Dentist Programs.
- The Branch opened the dental clinic in LaCrete as part of the teaching and service delivery program administered by the University of Alberta Faculty of Dentistry.
- Health Units provided fluoride rinses to 75 per cent of children in grades one to six.
- 20,000 copies of the booklet "A Parent's Guide to Dental Health" were distributed to Alberta hospitals.
- More than 3500 patient visits were funded for cleft palate patients.

Community Nutrition

Community nutrition programs promote healthy food choices through education, consultation, public policy development and creation of supportive environments. Twenty two community nutritionists provide service to 16 of the 27 health units. Two provincial nutritionists provide consultation to health units without nutritionists.

Highlights

- Workshops to health and day care professionals on the "Nutrition and Food Services Manual" developed by Calgary Health Services.

Table 2

Selected Notifiable Diseases: Alberta 1984-89

	1984	1985	1986	1987	1988	1989
AIDS	11	13	22	41	43	89
Amebiasis	111	110	114	113	143	133
Campylobacter infection	631	601	871	885	872	965
Chicken pox	NR	NR	14,221	18,930	11,432	11,849
Diptheria - cases	1	0	1	0	0	1
E. coli colitis (hemorrhagic)	64	105	180	358	296	388
Giardiasis	1341	1509	1610	1531	1486	1405
Haemophilus infection	89	113	145	142	105	76
Hepatitis A	215	421	310	143	210	242
Hepatitis B	216	176	194	181	140	123
HUS	6	6	15	19	22	19
Leprosy	4	1	4	3	0	1
Malaria	37	53	41	55	24	20
Measles (Rubeola)	86	78	811	740	91	19
Meningitis, other bacterial	32	31	46	33	36	44
Meningitis, viral/aseptic	72	39	25	38	52	122
Meningoccal infection	27	21	21	31	30	29
Mumps	161	181	233	252	151	129
Pertussis	33	56	184	172	149	662
Poliomyelitis, paralytic	0	0	0	0	0	0
Rubella (German Measles)	514	436	1156	388	211	327
Salmonella infections	736	732	757	951	960	996
Shigellosis	227	193	148	208	264	161
Toxic Shock Syndrome	3	2	4	5	3	5
Tuberculosis	221	178	209	205	176	133
Typhoid & Paratyphoid Fever	9	9	6	13	11	7

- Heart Smart cooking classes offered in conjunction with the Heart and Stroke Foundation of Alberta and home economists.
- Grocery shopping tours focusing on healthy food choices.
- Promotion of healthy weight through workshops, displays and fashion shows.
- Screening and education programs related to heart health.

Speech-Language Pathology

A coordinated system of service delivery is being developed to address the needs of Albertans across their lifespan with the main emphasis on providing services to school-aged children.

This change/expansion of services has meant an increase of 64 speech-language pathologist positions resulting in a total of approximately 220 speech-language pathologists in health units throughout Alberta. In most cases, speech-language pathology services are provided by health unit staff within the child's school and in collaboration with school personnel.

Efforts over this last year have focused on determining and implementing the infrastructure required for this change/expansion to occur.

Highlights

- Allocation of funds for new and expanded speech-language pathology programs.
- Provision of guidance and support to health units on issues arising from the changes in service delivery. These included: determination of service delivery priorities in the face of staff shortages, use of para-professionals, increased administrative responsibilities and concerns around school expectations for increased services.
- Establishment of grant relationships with four non-health organizations for provision of speech-language services (eg. Lloydminster School Division, Heritage School).
- Development of draft Program Regulations to incorporate the October, 1988 mandate statement under the Public Health Act.
- Creation of an Interim Data Management and Information System.
- Development of the new speech-language pathology Data Management and Information System is continuing.
- Coordination of the provincial Implementation Advisory Committee in their role of advising on issues related to implementation of the mandate.
- Recruitment of speech-language pathologists through visits to Canadian universities, advertisements in selected newspapers and professional journals in Canada, the United States and Great Britain and attendance at conferences.
- Discussions with the University of Alberta and Advanced Education regarding the implementation of a Masters program and subsequent enrollment levels.
- Participation on a Task Force to review and revise Outcome Standards for Speech-Language Pathology.
- Preparation for a provincial workshop on "The Changing Focus of SLP Programs" to be held in June, 1990.
- Liaison with Alberta Education to investigate and resolve issues arising between schools and health units.

Community Health Nursing

Over 800 Community Health Nurses work with Albertans to provide life-span services including prenatal education, bereavement support, seniors wellness, immunization, and parenting education. Community Health Nurses screen for potential problems in areas such as development, growth, vision, hearing and speech, and refer clients to other professionals and agencies within the health unit and the community.

The figures below reflect a portion of the contact Community Health Nursing programs have with Albertans.

Contacts with Senior Adults	137,000
Contacts with Postpartum Mothers and Infants	68,000
Health Education in Groups (number of people)	276,000
Health Screening Activities	
— Screenings	600,000
— Referrals	55,000
Immunizations (doses)	672,000
Number of Homes Visited by Community Health Nurses	70,000

Highlights

- NOBODY'S PERFECT, a joint Federal/Provincial educational program designed to improve parents' abilities to maintain and promote the health of their 0-5 year old children, continued in Alberta through collaborative efforts of health Units and other community agencies.

  By the end of March 1990, there were 111 NOBODY'S PERFECT facilitators trained in Alberta. Of these, 52 were Community Health Nurses. (These totals do not include nurses trained at Edmonton Board of Health.)

- The Alberta Heart Health Survey commenced. The survey, a joint project of the Federal government, Public Health Division and Policy and Planning Services Division of Alberta Health, will obtain information on the risk factors of heart disease specific to Alberta. It is being carried out by Community Health Nurses from 13 Alberta health units.

- The client-based computer program, the Community Health Immunization and Nursing Activity System (CHINAS) commenced pilot testing. The system is designed to automate many aspects involved in the delivery of immunization services to Albertans.

- Three Health Units began three-year Seniors' Wellness Demonstration Projects. Each of the three health units are developing programs which promote health of the seniors in their area.

- Alberta Health sponsored PROSPECTION '89, an annual workshop which promotes information sharing, networking and staff development for senior community health nursing managers in health units.

Alberta Hereditary Diseases Program

The Alberta Hereditary Diseases Program provides Albertans with assessment, consultation, referral, education and treatment for hereditary conditions and diseases. Research, data collection, professional education and consultation are also important aspects of the program.

The Program consists of two Regional Genetics Centres in Edmonton and Calgary and outreach genetics services provided by over 20 community health nurses in health units across the province.

The responsibility for the Alberta Hereditary Diseases Program is shared by Hospital Services, who funds the two regional centres and Public Health, who funds the outreach services provided by health units. An Advisory Committee reporting to the Minister advises on issues related to coordination, standards, liaison, services and socioethical matters.

Sexual Health Program

This year marked a change in name from Reproductive Health/Sexuality Education to Sexual Health. The term sexual health includes reproductive health, absence of disease, as well as healthy sexual functioning throughout the lifespan. The scope of the sexual health program is wide and includes such issues as teenage pregnancy, new reproductive technologies, preconceptual health, and sexuality education including maturation and sexual development across the lifespan.

Highlights

- The development of training guidelines to be utilized as a planning tool when preparing professional inservice activities in the area of sexual health.

- A new brochure entitled "Growing Up OK" was purchased and made available to the public and professionals in Alberta.

- Training workshops were conducted at our Provincial Managers' meetings throughout the year.

Early Intervention Program

Early Intervention is a home-based support program for families of developmentally delayed children who are between birth and three and half years of age. The delay may be apparent in some or all areas of the child's development, including motor, language, self-help, sensory, cognitive, or social abilities.

The purpose of Early Intervention is to enhance the ability of the child to reach his/her full potential through enriching and stimulating activities, and to enhance the quality of family life through the provision of support to the parents.

There are 17 programs in operation throughout the province, serving approximately 650 families.

HEALTH PROMOTION

This branch aims to enable individuals and communities to identify and meet their own needs. The branch identifies key health issues which can utilize a health promotion approach and assists health units and other community agencies to support Albertans in developing healthier lifestyles.

Highlights:

- The branch provided consultation and leadership on priority health promotion issues including tobacco use reduction, healthy communities, heart health, and workplace health.
- Continued to participate in the "National Strategy to Reduce Tobacco Use", a Federal/Provincial initiative, that addresses the issue of Tobacco use in Canada.
- Coordinated Alberta Health's contribution to the 1990 National Health Promotion Survey.
- Participated on the Alberta Heart Health Working Group which is developing a Heart Health strategy for Alberta.
- Coordinated with the Family Health Services Branch the completion of a background paper on Injury Prevention in Alberta.
- In association with the health unit program managers meeting, developed a Health Promotion Consensus Paper.
- Assisted in planning the "Wellbeing for the Future: Choices and Challenges" conference.

COORDINATED HOME CARE PROGRAM

Under this program, health units provide health and support services to help people remain independent in their homes. Although 88 per cent of clients are senior citizens, the program also serves individuals with acute care and palliative care needs. Demand for home care is rising, and the caseload has doubled in the last four years. Principal statistics for the year were as follows:

Total number of clients served during the year	22,000
Active Monthly Caseload (April 1990)	18,776
Nursing direct client hours	434,987
Homemaking direct client hours	720,265
Personal care direct client hours	323,160
Rehabilitation therapy direct client hour	24,552
Social Work direct client hours	5,183

Highlights:

- New funds provided to the Coordinated Home Care Program in 1989/90 were targeted to clients who are at high risk for institutionalization.
- The Home Care Quality Assurance Program which was jointly developed by the Home Care/Community Long Term Care Branch and health unit representatives is being implemented throughout the province.
- The Alberta Assessment and Placement Instrument (AAPI) has become the mandatory assessment form for long term care programs throughout the province. The AAPI is an assessment tool used to guide the assessor in documenting an individual's long term care needs and then determining appropriate placement options either in the community with Home Care or in Long Term Care Facilities. The emphasis is on exploring community alternatives before considering institutional placement.
- Home Care/Community Long Term Care Branch and the Long Term Care Institutions Branch of Alberta Health are developing a program description for Single Point of Entry for Long Term Care services in Alberta to be released in May 1990.
- The Home Care/Community Long Term Care Branch assisted with the implementation of the single point of entry system within Edmonton.
- Special funding was provided to the Edmonton Board of Health to work with the Royal Alexandra Hospital in implementing quick response services.

Provincial Nursing Consultant

BACKGROUND

In response to recommendations by the Premier's Commission, an announcement was made in December of 1988 regarding new nursing initiatives that would help address the concerns of nurses in Alberta.

One of the key initiatives of the 4 year $7.5 million program was the appointment of a nursing consultant to work with Alberta Health in addressing current and future nursing issues. On February 1, 1990, Ms. Sharon E. Snell began her position as the Provincial Nursing Consultant.

MANDATE

The office of the Provincial Nursing Consultant is responsible for developing and coordinating the implementation of the nursing initiatives; establishing contact with key nursing stakeholder groups; monitoring nursing developments in terms of service, education, legislation, and research; and providing consultation to senior officials in Alberta Health on all matters related to nursing.

NURSING INITIATIVES

Job Enhancement Advisory Committee

The Job Enhancement Advisory Committee was appointed on May 16, 1989, from a list of nominees submitted by selected stakeholder groups. The committee includes representatives of the Alberta Association of Registered Nurses, Alberta Long Term Care Association, College of Physicians and Surgeons, Alberta Health Units, Council of Teaching Hospitals of Alberta, Alberta Hospital Association, Rural Health Care Association of Alberta, Professional Council of Registered Nursing Assistants, and Registered Psychiatric Nurses Association. Members of Alberta Health, including the Provincial Nursing Consultant, sit on the committee on an ex-officio basis.

The mandate of the committee is to advise the Minister of Health on initiatives in acute care hospitals and long term care facilities; to promote the retention and job satisfaction of nursing personnel; and to consult on any other nursing-related issues referred by the Minister.

Job Enhancement Fund

The Job Enhancement Fund consists of an $8 million fund ($2 million for each of the 4 years), which is used to fund job enhancement projects in hospitals and nursing homes on a cost-shared basis. The Job Enhancement Advisory Committee receives and reviews all proposals, and makes recommendations to the Minister of Health for funding.

Earmarked Funds in Hospital Budgets

A total of $4.5 million per year was earmarked in the global budgets of acute care hospitals for continuing education and job enhancement activities for nurses and other staff.

Staffing Adjustment for Nursing Personnel

A total of $2.5 million per year was allocated to provide relief staffing for nurses to attend educational and professional development activities.

Infection Prevention and Control

Funds have been allocated to help improve the infection control practices & procedures in health care institutions.

Increased Educational Opportunities

The Premier's Initiatives provided funding to increase the educational opportunities available to nurses. This included:

- expanded opportunities for post-basic specialty training, including critical care nursing and gerontological/long term care nursing;
- increased spaces in post-basic baccalaureate programs;
- providing funding for nurse-preceptors in intensive care units providing educational opportunities for critical care nurses;
- providing funding to support the integration of diploma and degree-level nursing education;

Increasing Nurses' Involvement in Hospital Decision Making

Eight provincial hospitals were requested to appoint a nurse to sit as a full voting member of the governing board. As well, the Provincial Nursing Consultant will be consulting with nurses and hospitals throughout Alberta to determine how the role of nurses in hospital decision-making processes could be increased.

Highlights

- The Job Enhancement Advisory Committee membership was announced on May 16, 1989, representing a wide range of nursing stakeholders.

- In the 1989/90 fiscal year, the Job Enhancement Advisory Committee recommended 41 projects, totalling $1.44 million. These projects were approved by the Minister of Health; the remaining funds from 1989/90 have been carried over into a fifth year of funding.

- A program development grant was released to all Alberta long term care facilities to support education and the development and implementation of policies and procedures for infection prevention and control.

- The spaces in post-basic baccalaureate programs increased from 95 to 145 seats.

Highlights

- District Organization and Boundaries. During the reporting year 31 Ministerial Orders were passed to establish or amend hospital district boundaries, and determine ward representation for included municipalities.
- Requisitions. For the requisitioning year ended April 30, 1989, 35 hospital district boards submitted applications for approval to requisition included municipalities for local responsibility capital costs for a total of $3,803,314.62.
- Third Party Liability. Pursuant to Section 58 of the Hospitals Act, the Department recovers hospitalization costs, on behalf of the Minister, in cases where a third party is responsible for the hospitalization costs incurred.

  For the fiscal year 1989/90
  Total Number of Claims:.....1,422

  Net Amount Collected:.....$7,177,160.47

LEGISLATION - STATUTORY CHANGES

Alberta Health Care Insurance Act

Consequential amendments as a result of proclamation of new Mental Health Act.

Department of Health Act

Establishes the Department of Health. Received Royal Assent August 18, 1989, S.A. 1989 Ch. D-21.5. Repeals the Department of Hospitals and Medical Care Act and the Department of Community and Occupational Health Act.

Mental Health Act

To implement recommendations of the Drewy Report that have been accepted by the Government. To recognize and respect the rights of mental health patients. To improve measures for the protection of the public. To facilitate more efficient administration of the Mental Health Program.

The Act was assented to on July 6, 1988 and proclaimed in force on January 1, 1990, S.A. 1988 Ch. M-13.1. Repeals the Mental Health Act, R.S.A. 1980, Ch. M-13.

Public Health Act

Proclamation of section 3 of the Public Health Amendment Act, S.A. 1988 Ch. 41; in force on July 17, 1989. Section 3 provides for the naming of local boards of health units.

LEGISLATION - REGULATORY CHANGES

Alberta Health Care Insurance Regulation (A.R. 216/81)

Amended to implement a three month waiting period for coverage so that the effective date of Alberta Blue Cross Non-Group registration is consistent with the current agreement. (A.R. 132/89)

Amended to provide health care coverage for refugee claimants who entered Alberta before January 1, 1989 and who have a letter of employment from Immigration Canada. (A.R. 307/89)

Alberta Hospitalization Benefits Regulation (A.R. 355/73)

Amends reference to "mental health hospitals" and "involuntary" patients. Consequential amendment to proclamation of the new Mental Health Act. Effective January 1, 1990. (A.R. 311/89)

Chiropractic Benefits Regulation (A.R. 23/83)

Amended to provide an increase to chiropractic practitioners for benefits paid for a visit and x-rays. Effective August 1, 1989. (A.R. 303/89)

Dental Benefits Regulation (A.R. 314/86)

Amended to implement an increase in benefits payable to dentists, adds six new benefit codes and makes other minor changes. Effective August 1, 1989. (A.R. 61/90)

Extended Health Services by Dental Mechanics Benefits Regulation (A.R. 259/85)

Amended to implement an increase in benefits payable to dental mechanics and adds a new benefit code. Effective August 1, 1989. (A.R. 60/90)

Extended Health Benefits Payable to Dental Surgeons Regulation (A.R. 25/83)

Amended to implement an increase of all extended health benefits payable to dental surgeons and changes to benefit code numbers. Effective September 1, 1989. (A.R. 65/90)

Extended Health Benefits Payable to Ophthalmic Dispensers Regulation (A.R. 109/86)

Amended to provide an increase in specific extended health benefits payable for eyeglass frames provided by opthalmic dispensers. Effective August 1, 1989. (A.R. 304/89)

Extended Health Benefits Payable to Optometrists Regulation (A.R. 110/86)

Amended to provide an increase in specific extended health benefits payable for eyeglass frames provided by optometrists. Effective September 30, 1989. (A.R. 305/89)

Forms Regulation (A.R. 193/85)

Amended to ensure the confidentiality of medical information and to allow certificates of a Medical Officer of Health and orders to be issued when a person who is or may be infected with a disease, refuses or neglects to comply with conditions that have been prescribed by a physician as necessary to mitigate the disease or limit its spread to others. (A.R. 94/89)

Forms and Review Panels Regulation (A.R. 338/89)

This new regulation provides forms for use under the Mental Health Act. Effective January 1, 1990. (A.R. 338/89) Repeals the Provincial Mental Health Advisory Council and Regional Mental Health Council Remuneration Regulation (A.R. 311/81); the Regional Mental Health Area Regulations (A.R. 65/75); and the Review Panel Remuneration Regulation (A.R. 238/81); consequential to the proclamation of the new Mental Health Act.

Health Grants Regulation (A.R. 269/89)

Defines the powers of the Minister to award grants and outlines the obligations of the grant applicant and recipient (A.R. 269/89). Repeals the Social Services and Community Health Grants Regulations (A.R. 248/75) and the Hospitals and Medical Care Grants Regulation (A.R. 61/78).

Health Insurance Premiums Regulation (A.R. 217/81)

Amended to clarify that refugee claimants are not eligible for subsidized premiums or waiver of premiums. (A.R. 308/89)

Amended to implement an increase in premium rates for Alberta Health Care Insurance coverage for single and family coverage. Effective October 1, 1989. (A.R. 241/89)

Marriage Act Regulation (A.R. 111/85)

Amended by withdrawing the reference to blood tests as they are no longer required by the Marriage Act and also to amend Form 1, the affidavit of particulars in support of an application for a marriage licence. (A.R. 209/89)

Medical Benefits Regulation (A.R. 106/86)

Amended to implement changes to the General Rules and the individual benefit items in accordance with agreement reached between the Government and the Alberta Medical Association. Effective April 1, 1989. (A.R. 82/89)

Medical Committee Regulation (A.R. 370/85)

Amended to designate The Physician's Assistance Committee of the Medical Staff of the Calgary General Hospital, Calgary, Alberta as an approved medical committee for the purposes of section 9 of the Alberta Evidence Act. (A.R. 95/89)

Mental Health Regulation (A.R. 309/89)

This new regulation designates facilities and outlines liability for costs. Effective January 1, 1990. (A.R. 309/89). Repeals the Mental Health Regulations (A.R. 119/73) and the Mental Health Hospitals Regulation (A.R. 436/82) consequential to the proclamation of the new Mental Health Act.

Nursing Homes Operation Regulation (A.R. 258/85)

Amended the definition of a "nurse" to permit the employment of Registered Psychiatric Nurses in nursing homes. Effective October 1, 1989. (A.R. 231/89)

Amended to introduce patient classification based funding and other changes to integrate nursing homes and auxiliary hospitals. Effective April 1, 1989. (A.R. 79/89)

Amended to add "Family Day" to the list of holidays which the operator must provide to the resident as a leave of absence. (A.R. 62/90)

Patient Advocate Regulation (A.R. 310/89)

This new regulation outlines the powers of the Mental Health Patient Advocate. Effective January 1, 1990. (A.R. 310/89)

Podiatric Benefits Regulation (A.R. 29/83)

Amended to implement an increase in benefits payable to podiatric practitioners. Effective August 1, 1989. (A.R. 59/90)

FINANCIAL INFORMATION 1989/90

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ERRATUM

ALBERTA HEALTH
ANNUAL REPORT 1989/90

AMOUNTS RELATING TO ALBERTA HEALTH
INCLUDED IN GENERAL REVENUE FUND
STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM
for the year ended March 31, 1990

Program / Sub-Program	Funds Provided: Estimates	Prior Year Liabilities	Special Warrants	Transfers	Total Authorized	Expended	Unexpended (Over Expended)
VOTED APPROPRIATIONS							
Departmental Support Services	$ 19,983,550	$ —	$ —	$ —	$ 19,983,550	$ 18,761,469	$ 1,222,081
Health Care Insurance							
Administrative Support	28,103,077	—	—	—	28,103,077	26,520,176	1,582,901
Provincial Contribution to the Health Care Insurance Fund	525,818,000	—	27,000,000	—	552,818,000	552,818,000	—
	553,921,077	—	27,000,000	—	580,921,077	579,338,176	1,582,901
Financial Assistance for Active Care							
Program Support	100,766,915	—	—	(4,035,306)	96,731,609	95,383,584	1,348,025
Major Urban Medical and Referral Centres	859,539,445	—	—	5,650,000	865,189,445	865,353,019	(163,574)
Other Referral Centres	184,313,098	—	—	(490,000)	183,823,098	183,779,308	43,790
Specialized Active Care	207,494,869	—	—	2,000,000	209,494,869	209,110,439	384,430
Community-Based Hospital Facilities	194,103,489	—	—	(2,760,000)	191,343,489	191,358,966	(15,477)
Rural Community-Based Hospital Facilities	130,056,817	—	—	(210,000)	129,846,817	130,059,594	(212,777)
Capital Support	26,352,015	—	—	(154,694)	26,197,321	25,952,447	244,874
	1,702,626,648	—	—	—	1,702,626,648	1,700,997,357	1,629,291
Financial Assistance for Long-Term Care							
Program Support	23,032,353	—	—	(56,441)	22,975,912	15,468,816	7,507,096
Auxiliary Hospitals	222,155,709	—	—	(2,093,559)	220,062,150	219,829,605	232,545
District Nursing Homes	51,248,351	—	—	1,000,000	52,248,351	51,586,098	662,253
Private Nursing Homes	66,753,013	—	—	—	66,753,013	64,217,770	2,535,243
Voluntary Nursing Homes	28,562,909	—	—	550,000	29,112,909	27,711,689	1,401,220
Capital Support	1,009,331	—	—	600,000	1,609,331	1,607,188	2,143
	392,761,666	—	—	—	392,761,666	380,421,166	12,340,500

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ERRATUM

ALBERTA HEALTH
ANNUAL REPORT 1989/90

AMOUNTS RELATING TO ALBERTA HEALTH INCLUDED IN GENERAL REVENUE FUND STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM for the year ended March 31, 1990

Program / Sub-Program	Funds Provided: Estimates	Prior Year Liabilities	Special Warrants	Transfers	Total Authorized	Expended	Unexpended (Over Expended)
Community Health Services							
Program Support	748,662	—	—	134,000	882,662	845,678	36,984
Family and Community Services	(1,412,000)	—	—	1,412,000	—	—	—
Prevention of Communicable Disease	11,663,263	—	—	(283,000)	11,380,263	10,679,858	700,405
Provincial Laboratories of Public Health	9,642,248	—	—	75,000	9,717,248	9,717,248	—
Independent Living Benefits	43,823,993	—	3,900,000	137,000	47,860,993	49,767,667	(1,906,674)
Health Unit and Community Agency Services	136,898,326	—	—	(1,475,000)	135,423,326	134,765,617	657,709
Vital Statistics	1,547,701	—	—	—	1,547,701	1,532,883	14,818
	202,912,193	—	3,900,000	—	206,812,193	207,308,951	(496,758)
Mental Health Services							
Program Support	$ 2,359,195	$ —	$ —	$ —	$ 2,359,195	$ 1,853,325	$ 505,870
Community Mental Health Services	26,372,889	—	—	—	26,372,889	25,222,419	1,150,470
Extended Community Care Programs	17,172,067	—	—	—	17,172,067	17,495,524	(323,457)
	45,904,151	—	—	—	45,904,151	44,571,268	1,332,883
Alcohol and Drug Abuse - Treatment, Prevention and Education	30,561,464	—	600,000	—	31,161,464	31,161,464	—
	2,948,670,749	—	31,500,000	—	2,980,170,749	2,962,559,851	17,610,898
STATUTORY APPROPRIATIONS							
Alberta Health Care Insurance Act	—	—	—	—	—	13,122,670	(13,122,670)
TOTAL 1990	$ 2,948,670,749(b)	$ —	$ 31,500,000	$ —	$ 2,980,170,749	$ 2,975,682,521	$ 4,488,228
TOTAL 1989 (a)	$ 2,687,840,654	$ (24,650)(c)	$ 63,834,150	$ —	$ 2,751,650,154	$ 2,703,878,338	$ 47,771,816

(a) The 1989 figures have been restated where necessary to conform to the 1990 presentation.
(b) Net of $33,507,182 transferred to Family and Social Services under authority of the Public Service Administrative Transfers Act.
(c) In accordance with section 32 of the Financial Administration Act, the original estimates have been charged with liabilities of the prior fiscal year to the extent they exceeded the available authority.

AMOUNTS RELATING TO ALBERTA HEALTH INCLUDED IN THE GENERAL REVENUE FUND STATEMENT OF REVENUE for the year ended March 31, 1990

	1990	1989
Payments from Government of Canada:		
Hospital insurance	$445,876,224	$495,756,216
Vocational rehabilitation, disabled persons	8,734,300	8,373,666
Other	960,691	126,174
	455,571,215	504,256,056
Fees, Permits and Licences:		
Vital Statistics Act	1,629,525	1,553,370
Maintenance	1,289,546	1,405,456
Other	547,212	518,109
	3,466,283	3,476,935
Other Revenue:		
Refunds of expenditure:		
Third party liability	8,139,472	7,131,446
Previous years' refunds	4,604,054	2,165,037
Services and supplies to staff	12,329	16,375
Other	—	12
Miscellaneous:		
Workers' Compensation Board administration fees	225,000	243,750
Donation	—	1,000,000
Other	341,195	636,678
	13,322,050	11,193,298
Total Revenue	$472,359,548	$518,926,289

AMOUNTS RELATING TO ALBERTA HEALTH
INCLUDED IN THE ALBERTA HERITAGE SAVINGS TRUST FUND
for the year ended March 31, 1990

PROJECT DESCRIPTION

Applied Cancer Research

Through its support to both clinical and pure research, this grant program is helping to make Alberta a centre of excellence in cancer research. The projects funded through the program provides benefits which extended beyond the laboratory and clinical trial to bedside patient care.

STATEMENT OF AMOUNTS EXPENDED
for the year ended March 31, 1990

Project	Amounts Authorized	Amounts Expended	Unexpended (Over Expended)
Applied Cancer Research	$2,800,000	$2,689,895	$110,105

HEALTH CARE INSURANCE FUND
FINANCIAL STATEMENTS
MARCH 31, 1990

Auditor's Report
Balance Sheet
Statement of Revenue, Expenditure and Contributions
Statement of Changes in Financial Position
Notes to the Financial Statements

ALBERTA LEGISLATURE

OFFICE OF THE AUDITOR GENERAL

AUDITOR'S REPORT

To the Minister of Health

I have examined the balance sheet of the Health Care Insurance Fund as at March 31, 1990 and the statements of revenue, expenditure and contributions and changes in financial position for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Fund as at March 31, 1990 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Donald D. Salmon

FCA
Auditor General

Edmonton, Alberta
August 31, 1990

HEALTH CARE INSURANCE FUND
BALANCE SHEET
AS AT MARCH 31, 1990

(thousands of dollars)

	1990	1989
ASSETS		
Cash	$ 50,883	$ 99,277
Accounts receivable (Note 2)	49,483	40,635
Contribution due from the Province of Alberta (Note 3)	13,123	—
	$113,489	$139,912
LIABILITIES		
Bank indebtedness	$ 2,215	—
Accounts payable	2,700	3,605
Claim benefits payable (Note 4)	95,731	87,061
Unexpended contribution due to the Province of Alberta	—	38,221
Unearned premiums (Note 5)	12,843	11,025
	$113,489	$139,912

The accompanying notes are part of these financial statements.

HEALTH CARE INSURANCE FUND
STATEMENT OF REVENUE, EXPENDITURE AND CONTRIBUTIONS
FOR THE YEAR ENDED MARCH 31, 1990

(thousands of dollars)

REVENUE

	1990	1989
Premiums:		
Alberta Health Care Insurance Plan	$ 288,745	$ 266,446
Alberta Blue Cross Plan	11,244	11,803
Bank interest and miscellaneous	9,584	9,009
Penalties	4,989	1,058
Uncollectible revenue	(10,828)	(9,274)
Total revenue	303,734	279,042

EXPENDITURE

Health Services:		
Basic:		
Medical	719,428	653,697
Chiropractic	27,615	24,327
Physical Therapy	23,618	20,082
Optometric	16,766	13,123
Oral Surgery	10,129	9,853
Podiatric	3,807	3,358
	801,363	724,440
Extended	39,817	36,680
	841,180	761,120
Alberta Blue Cross Plan benefits:		
Non-premium paying registrants	117,675	100,616
Premium paying registrants	23,093	20,459
	140,768	121,075
Out-of-province hospital costs	32,644	32,123
Physicians' program benefits:		
Liability insurance contributions	3,974	4,444
Continuing medical education fund contributions	1,852	1,812
Disability insurance fund contributions	1,345	1,315
Location incentives	1,332	1,019
	8,503	8,590
Total expenditure	1,023,095	922,908
Excess of expenditure over revenue for the year	$ 719,361	$643,866

CONTRIBUTIONS

Government of Canada (Note 3)	$ 153,420	$ 170,584
Province of Alberta (Note 3)	565,941	473,282
	$ 719,361	$ 643,866

HEALTH CARE INSURANCE FUND
STATEMENT OF CHANGES IN FINANCIAL POSITION
FOR THE YEAR ENDED MARCH 31, 1990

(thousands of dollars)

	1990	1989
Operations:		
Excess of expenditure over revenue for the year	$ (719,361)	$(643,866)
Changes in working capital:		
Accounts receivable, excluding amounts under administration agreements	(633)	(14,594)
Accounts payable	(905)	146
Claim benefits payable	8,670	(5,480)
Unearned premiums	1,818	8,826
	8,950	(11,102)
Cash applied to operations:	(710,411)	(654,968)
Transactions under administration agreements:		
Cash received for:		
Hospital costs, reciprocal agreements	51,482	47,648
Medical costs, reciprocal agreements	14,702	10,577
The Workers' Compensation Board	12,727	14,215
Sessional payments	4,105	5,353
	83,016	77,793
Cash expended for:		
Hospital costs, reciprocal agreements	(57,701)	(44,005)
Medical costs, reciprocal agreements	(16,203)	(12,287)
The Workers' Compensation Board	(14,235)	(13,052)
Sessional payments	(3,092)	(4,727)
	(91,231)	(74,071)
Cash provided by (applied to) transactions under administration agreements	(8,215)	3,722
Contributions:		
Cash provided by:		
Government of Canada	153,420	170,584
Province of Alberta	552,818	511,503
	706,238	682,087
Cash applied to:		
Reimbursement to Province of Alberta of prior year's unexpended contribution	(38,221)	(26,639)
Cash provided by contributions	668,017	655,448
Increase (decrease) in cash and bank indebtedness	(50,609)	4,202
Cash at beginning of year	99,277	95,075
Cash and bank indebtedness at end of year	$ 48,668	$ 99,277

HEALTH CARE INSURANCE FUND
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 1990

Note 1 Authority

The Health Care Insurance Fund operates under the authority of the Alberta Health Care Insurance Act, Chapter A-24, Revised Statutes of Alberta 1980, as amended.

Note 2 Accounts Receivable

Accounts receivable consist of the following:

	1990	1989
	(thousands of dollars)	
Operating:		
Premiums and penalties	$71,795	$60,050
Miscellaneous	355	408
	72,150	60,458
Less allowance for uncollectible accounts	37,508	26,449
	34,642	34,009
Receivables under administration agreements:		
Hospital costs, reciprocal agreements	8,424	2,205
Medical costs, reciprocal agreements	3,754	2,035
The Workers' Compensation Board payments	2,795	1,287
Sessional payments	267	1,280
	15,240	6,807
Less allowance for uncollectible accounts	399	181
	14,841	6,626
	$49,483	$40,635

Note 3 Contributions

Government of Canada

The Government of Canada contribution is received by the Provincial Treasurer pursuant to provisions of the Federal-Provincial Fiscal Arrangements and Federal Post-Secondary Education and Health Contributions Act, Chapter F-8, Revised Statutes of Canada 1985, as amended. Amounts deemed by the Provincial Treasurer to be a contribution with respect to health care are then paid into the Health Care Insurance Fund.

Province of Alberta

An excess of expenditure over revenue, after deducting the amount provided by the Government of Canada, is contributed by the General Revenue Fund of the Province of Alberta.

Salaries, accommodation and other overhead costs incurred in the administration of the Fund are borne by the General Revenue Fund and are not reflected in these financial statements.

Note 4 Claim Benefits Payable

Claim benefits payable consist of the following:

	1990	1989
	(thousands of dollars)	
Health Services:		
Basic	$67,127	$ 57,823
Extended health benefits	4,029	3,235
	71,156	61,058
Alberta Blue Cross Plan benefits	14,794	13,780
Out-of-province hospital costs	9,781	12,223
	$95,731	$ 87,061

Claim benefits payable consist of known liabilities payable at the year end and estimated additional liabilities for services provided prior to the year-end based on historical information about the relationships between service dates and payment dates.

Note 5 Unearned Premiums

Unearned premiums consist of the following:

	1990	1989
	(thousands of dollars)	
Amounts billed in advance	$10,528	$ 8,795
Unbilled amounts prepaid by registrants	2,315	2,230
	$12,843	$ 11,025

Note 6 Comparative Figures

The 1989 figures have been reclassified where necessary to conform to 1990 presentation.

Note 7 Approval of Financial Statements

These financial statements were approved by management.